U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-	2. Fiscal Year Covered From:	
	Through: 2 / 57 / 6554	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Zocario S & Zoou Chems	Name Blacks miths, Labor Organization File Number	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street Street	Street 725 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
City / Cara summission is	City Romas GAS	
State ZIP Code + 4	State ZIP Code +4	
5. Position in labor organization.		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Sex of Sick's tor Chessiffing Silver. 7.b. Amount.	
Street Sales Asia Constant Street		
City Chicago Andrews		
State Z///2018 ZIP Code + 4 20 27 3755		
Signature Remarch, Beauchamb		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Sanar 4. Vaureland	On Ale Telephone Number	

Name of Person Filing	File Number U- 2584		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street	Ecological Control of the Control of		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name / Na	Part Color C		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street Street			
City	Approximate dollar value of such dealing. Nature of interest held or income received.		
State ZIP Code + 4			
**			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde			
or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
	14.b. Amount of payment.		

or Consultant

13.b. Is the Business an Employer

Name of Person Filing	File Number U- 17584
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ue from a business (1) a wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. 1) An extra by the true in the control of the cont
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered under	12.b. Amount.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	or other thing of value. 14.a. Nature of payment.

or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.b. Amount of payment.

Name	of Person	Filing
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File Number U- 2584

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
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Trade Name, if any:	a. Labor Organization	
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	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name And Andrews Andre		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street!		
City		
State ZIP Code + 4		
	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?	and the payment.	

File Number U- 2584

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Name and address of Business (including trade name, if any).	9. Business deals with:	
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Trade Name, if any:	a. Labor Organization b. Trust	
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)	
	14.a. Nature of payment.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		
Name 2		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	\$75°*********	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
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	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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13.b. Is the Business an Employer or Consultant ?	Parasition payment.	

Name of Person Filing	File Number U- 2584		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing.		
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing.		
State ZIP Code + 4 ZIP Code + 4	12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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Street St			

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

Name of Person Filing	File Number U- 3.584		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any). Name	9. Business deals with:		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
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	12.b. Amount		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City State ZIP Code + 4			

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

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File Number U-25

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
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Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing	File Number U- 2584	
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8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Callan Assacriates Trade Name, if any: P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing. Proceedings from the first from the	
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above)		
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

14.b. Amount of payment.

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State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

or Consultant

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1/1/03	LY BEFORE PREPARING THIS REPORT.	
E		
1. File Number U - 259	2. Fiscal Year Covered From:	
	Through: / Ell / Ell	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Name	Name	
	Labor Organization File Number	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street	Street	
City	City	
State ZIP Code + 4	State State ZIP Code + 4	
5. Position in labor organization.		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name J. M. Martina Shipkula sa Trade Name, if any:	Lospislation Cotates	
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street Social So		
City Frame		
State Weshing Lan ZIP Code + 4 9 PM		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On Date Telephone Number	